

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Free and Strong America PAC, Inc.

**A.** Full Name (Last, First, Middle Initial)  
HILTON CINCINNATI NETHERLAND PLAZA

Mailing Address 35 WEST FIFTH STREET

City CINCINNATI State OH Zip Code 45202

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	0

Amount of Each Disbursement this Period

204.91

**[MEMO ITEM]**IN-KIND CONTRIBUTION: OH-  
IO REPUBLICAN PARTY STATE  
CENTRAL AND EXECUTIVE COM-  
MITTEE**B.** Full Name (Last, First, Middle Initial)  
LAS VEGAS MARRIOTT

Mailing Address 325 CONVENTION CENTER DRIVE

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
IN-KIND CONTRIBUTION: OCTOBER TRAVELCandidate Name  
JOE HECKCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: SB23.02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	0

Amount of Each Disbursement this Period

53.22

**[MEMO ITEM]****C.** Full Name (Last, First, Middle Initial)  
SHERATON BLOOMINGTON

Mailing Address 7800 NORMANDALE BLVD.

City MINNEAPOLIS State MN Zip Code 55439

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB23.10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	0

Amount of Each Disbursement this Period

130.85

**[MEMO ITEM]**IN-KIND CONTRIBUTION: REP-  
UBLICAN PARTY OF MINNESOTA

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....